| Dabtor 1 Lenora Hartsfield Price Name Modita Name Last Harms Dabtor 2 Spouse, Filling Price Name Modita Name Last Harms | Filed in U.S. Bankruptcy Court Atlanta, Georgia | |
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| Tablor 2. Tablor 2. Tablor 3. Tablor 4. Tablor 4. Tablor 5. Tablor 5. Tablor 6. Tablor 7. Tablor 7. Tablor 7. Tablor 8. Tablor 8. Tablor 8. Tablor 9. | W. Regina Thomas, Clerk | |
| Spears Hitrop First News | | |
| Lase number 21-52551-sms Check if thi amended fi Deficial Form 107 Check if thi amended fi Check if thi amended fi Deficial Form 107 Check if thi amended fi Check if thi amended fi Check if thi amended fi Deficial Form 107 Check if thi amended fi Check if thi am | | - |
| ### Street Check if this amended file file from the file form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy | Devivior | |
| City State ZIP Code Within the last 3 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community prop states and femiliary for sizes and with a spouse or legal equivalent in a community property state or territory? (Community prop states and femiliary for sizes and with execution, and wifesconsin.) City State ZIP Code Within the last 3 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community prop states and Windows, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) | tor debriging the second secon | |
| Attacement of Financial Affairs for Individuals Filing for Bankruptcy Pas complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct formation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case miber (if known), Answer every question. Give Details About Your Marital Status and Where You Lived Before | | heck if this is a |
| Part 1: Give Details About Your Marital Status and Where You Lived Before What is your current marital status? What is your curren | l l | mended filing |
| Tatement of Financial Affairs for Individuals Filing for Bankruptcy as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct formation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case miber (if known). Answer every question. Solve Details About Your Marital Status and Where You Lived Before | | |
| Part 1: Give Details About Your Marital Status and Where You Lived Before What is your current marital status? What is your curren | | |
| Past complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct formation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case imber (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before What is your current marital status? | | • |
| as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct formation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case imber (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before | airs for Individuals Filing for Bankruptcy | 04/ |
| Married Not married During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1: Dates Debtor 1 Debtor 2: Ilived there Same as Debtor 1 City State ZIP Code Prom To Same as Debtor 1 Same as Debtor | Status and Where You Lived Before | |
| During the last 3 years, have you lived anywhere other than where you live now? You No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1: Dates Debtor 1 Debtor 2: Dates Debtor 1 Debtor 2: Dates Debtor 1 Debtor 2: Dates Debtor 1 Debtor 3: Dates Debtor 1 Debtor 4: Dates Debtor 1 Debtor 5: Dates Debtor 1 Debtor 6: Dates Debtor 1 Debtor 6: Dates Debtor 1 Debtor 6: Dates Debtor 1 Debtor 7: Dates Debtor 1 Debtor 9: Dates Debtor 1 Debtor 9: Dates Debtor 1 Dates De | | |
| 2. During the last 3 years, have you lived anywhere other than where you live now? ✓ No ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1: ☐ Dates Debtor 1: ☐ Debtor 2: ☐ Debtor 2: ☐ Dates Debtor 1: ☐ Same as Debtor 1: ☐ Same as Debtor 1: ☐ Debtor 2: ☐ Dates Debtor 1: ☐ Debtor 2: ☐ Debtor 3: ☐ Debtor 4: ☐ Same as Debtor 1: ☐ Debtor 5: ☐ Dates Debtor 1: ☐ Dates Debtor 1: ☐ Debtor 2: ☐ Debtor 2: ☐ Debtor 3: ☐ Debtor 4: ☐ Debtor 5: ☐ Debtor 6: ☐ Debtor 7: ☐ Debtor 9: ☐ Debtor 9 | | |
| No ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now. ☐ Dates Debtor 1: ☐ Dates Debtor 2: ☐ Same as Debtor 1 ☐ Same as ☐ Number Street ☐ To ☐ Number Street ☐ Same as ☐ Dates Debtor 2: ☐ Same as ☐ Same as ☐ Same as ☐ Dates Debtor 2: ☐ Same as ☐ Same as ☐ From ☐ To ☐ Same as ☐ City ☐ State ZIP Code ☐ Same as ☐ Dates Debtor 2: ☐ Same as ☐ Same as ☐ From ☐ To ☐ Same as ☐ Same as ☐ Dates Debtor 2: ☐ Same as ☐ Same as ☐ Dates Debtor 2: ☐ Same as ☐ Same as ☐ Dates Debtor 2: ☐ Same as ☐ Same as ☐ Dates Debtor 2: ☐ Same as ☐ Dates Debtor 2: ☐ Same as ☐ Same as ☐ Dates Debtor 2: ☐ Dates Debtor 2: ☐ Same as ☐ Dates Debtor 3: ☐ Dates Debtor 2: ☐ Dates Debtor 2: ☐ Dates Debtor 2: ☐ Dates Debtor 2: ☐ Dates Debtor 3: ☐ Dates Debtor 4: ☐ Dates Debtor 2: ☐ Dates Debtor 3: ☐ Dates Debtor 4: ☐ | | |
| Same as Debtor 1 | | |
| Number Street To Number Street To Number Street To City State ZIP Code City State ZIP Code Same as Debtor 1 From | | |
| Number Street To | st 3 years. Do not include where you live now. Dates Debtor 1 Debtor 2: | Dates Debtor 2 lived there |
| City State ZIP Code Same as Debtor 1 | ot 3 years. Do not include where you live now. Dates Debtor 1 Debtor 2: Ilved there Il | and the contract of the contra |
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| Same as Debtor 1 From | Dates Debtor 1 Debtor 2: Illved there II Same as Debtor 1 From Number Street | Ilved there Same as Debto |
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| Number Street To | Dates Debtor 1 Debtor 2: Illived there Same as Debtor 1 From To City State ZIP Code | Ilved there Same as Debto |
| City State ZIP Code City State ZIP Code 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) | Dates Debtor 1 Debtor 2: Illived there Same as Debtor 1 From Number Street City State ZIP Code | Same as Debtor From To Same as Debtor |
| 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) | Dates Debtor 1 Debtor 2: Illived there Same as Debtor 1 From Number Street City State ZIP Code Number Street | Same as Debtor From To Same as Debtor From |
| 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) | Dates Debtor 1 Debtor 2: Illived there Same as Debtor 1 From Number Street City State ZIP Code Number Street | Same as Debtor From To Same as Debtor From |
| states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) | Dates Debtor 1 Debtor 2: Illived there Same as Debtor 1 From Number Street City State ZIP Code Number Street | Same as Debtor From To Same as Debtor From |
| states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) | Dates Debtor 1 Debtor 2: Illived there Same as Debtor 1 From To City Same as Debtor 1 City State ZIP Code Number Street Number Street | Same as Debtor From To Same as Debtor From |
| · · · · · · · · · · · · · · · · · · · | Dates Debtor 1 Debtor 2: Illived there Same as Debtor 1 Debtor 2: Illived there Illived | Same as Debtor From To Same as Debtor From To To |
| EM INC | Dates Debtor 1 Debtor 2: Illived there III Same as Debtor 1 Debtor 2: III City State ZIP Code City State ZIP Code a spouse or legal equivalent in a community property state or territory? (Community property sta | Same as Debtor From To Same as Debtor From To |

Official Form 107

Part 2: Explain the Sources of Your Income

| tor 1 | Lenora First Name | Middle Name Last I | Hartsfiel | d Case nu | mber (# known) 21-52551-sn | าร |
|-------------------|---|---|--|---|---|---|
| FIII ir if you | n the total amou u are filing a join | ncome from employmen int of income you received nt case and you have inco | from all jobs and all busi | inesses, including part-tir | | ndar years? |
| | lo ′es. Fill in the d | etails | | | | |
| | 03. T III III III 0 | otans. | Deblord | | Dëptor 2 | |
| | | | Sources of Income Check all that apply, | Gross Income (before deductions and exclusions) | Sources of Income Check all that apply. | Gross Income (before deductions and exclusions) |
| | | 1 of current year until | ₩ Wages, commissions, bonuses; tips Operating a business | \$ 668.75 | Wages, commissions, bonuses, tips | \$ |
| ž. s | o approvince econocic e la co | er kan die 1900 von Germann vereinstellt der der der den der der der | ☐ Wages, commissions, | Meser (1. 1857) a Arian (4. 1851) a communit (1. 18-see 44) (1. 18 suurus (2. 1 | ☐ Operating a business☐ Wages, commissions, | en eranope ki er i es desker i et es es e e edeski kirologis |
| | For last calend (January 1 to D | - | bonuses, tips Operating a business | \$ | bonuses, tips Operating a business | \$ |
| ** | For the calend | lar year before that: | Wages, commissions, bonuses, tips | die voorstaan van der kalt in terranie in der eer van de de v | Wages, commissions, bonuses, tips | Laborati Tripero III e escue en escue abbustance |
| | (January 1 to D | ecember 31,) | Operating a business | \$ | Operating a business | \$ |
| 12 | | d the gross income from e | each source separately. D | o not include income tha | t you listed in line 4. | |
| | res. Fill in the d | etails. | Debtor 1 | | Debtor 2: | |
| | | | Sources of income Describe below. | Gross Income from each source (before deductions and exclusions) | Sources of Income Describe below. | Gross Income from each source (before deductions and exclusions) |
| | From January | y 1 of current year until filed for bankruptcy: | · | \$ | | \$ |
| | encontrates a state of a state of the state | white each resultance of the dates wide the section | and the state of t | \$ | | \$ |
| | For last calen | ndar year: | | \$ | | \$ |
| | | December 31, YYYY | | \$ \$ | · | \$\$ |
| | gen ist op open to be not obtained as an | or washing a group of inform in winner in the group was a section of a section of | agelene and in executing a constraint of the seed of Edward and Artist and Ar | reconstant d'acomendé d'es demòtres mendides, che es fluc | en especial de senti antici fa el como de dia como fine con el como el como el deservir, medi enclario de | March of the Co. — March on attended to the first of the order |
| | | dar year before that: December 31,) | | \$ | | \$ \$ |
| | (vanualy I to I | YYYY YYYY | | \$ | | \$ |
| | | | | T | | |

Entered 05/04/21 11:34:36 Case 21-52551-sms Doc 17 Filed 05/03/21 Desc Main Page 3 of 50 **Document**

Hartsfield

Case number (If known) 21-52551-sms Debtor 1 First Nam Part 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? 🗹 No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more? No. Go to line 7. ☐ Yes, List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes, List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Was this payment for... Amount you still owe Dates of Total amount paid payment ■ Mortgage Creditor's Name ☐ Car Credit card Number Street Loan repayment Suppliers or vendors Other City State ZIP Code ■ Mortgage Creditor's Name Car Credit card Number Street Loan repayment Suppliers or vendors Other ZIP Code ☐ Mortgage Creditor's Name ☐ Car Credit card Number Street Loan repayment Suppliers or vendors Other_ ZIP Code City State

Lenora

| | Lenora First Name | Middle Name | Last Name | <u>Hartsfie</u> ld | a c | Case number (# known) | 21-52551-sms |
|-----------------------------|--|---|--|---|--|--|--|
| Inside corpo agen | ers include your r orations of which | elatives; any geno you are an officer or a business you | eral partners; re , director, perso | elatives of any ge on in control, or c | eneral partners; pa wner of 20% or m | rtnerships of which ore of their voting | rho was an insider? n you are a general partner; securities; and any managing domestic support obligations, |
| | | | | | | | |
| □ Y | es. List all payme | ents to an insider. | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| | Insider's Name | | | | \$ | \$ | |
| | Number Street | | | | | | |
| | | | | · <u></u> | ٠ | | |
| ē - | City | State | ZIP Code | to hear the end april the action resp. | mount years make a nine noney version e. C | agam (ki e i sugi zinazati) i i i i i i i saat a | |
| | Insider's Name | | | - | \$ | \$ | |
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| an ir nclu 2 | nsider? de payments on d | debts guaranteed | or cosigned by | an insider. | e versioner da se | | n account of a debt that benefited |
| an ir nclu 2 | n sider? de payments on d No | debts guaranteed | or cosigned by | | yments or transf Total amount paid | er any property o Amount you still owe | n account of a debt that benefited Reason for this payment Include creditor's name |
| in ir nclu Z N | n sider? de payments on d No | debts guaranteed | or cosigned by | an insider. | Total amount | Amount you still | Reason for this payment |
| an ir nclu 2 | n sider? de payments on d No Yes. List all payme | debts guaranteed | or cosigned by | an insider. | Total amount | Amount you still | Reason for this payment |
| an ir nclu 2 | nsider? Ide payments on one No Yes. List all payme Insider's Name Number Street | debts guaranteed | or cosigned by | an insider. | Total amount | Amount you still | Reason for this payment |
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| an ir nclu 121 | nsider? Ide payments on one No Yes. List all payme Insider's Name Number Street | debts guaranteed | or cosigned by | an insider. | Total amount | Amount you still | Reason for this payment |
| an ir Inclu 🗹 N | nsider? Ide payments on or | debts guaranteed | or cosigned by | an insider. | Total amount | Amount you still | Reason for this payment |

| 1 | Lenora | | Hartsfield | Case number | or (If known) 21-52551-sm | <u>s</u> |
|-----------|--|-------------------------------|--|--|---------------------------------------|--|
| | First Name Middle Name | . Last Name | | | | * |
| rt 4: | Identify Legal Actions, | Repossession | ıs, and Foreclosures | | | |
| ist al | n 1 year before you filed for it such matters, including person contract disputes. | | | | | |
| M N | | | | • | | |
| | es. Fill in the details. | | | | | |
| | | Nature | e of the case | Court or agency | | Status of the case |
| (| Case title | | | Court Name | | — Pending |
| | | | | Countraine | | On appeal |
| - | | | | Number Street | · · · · · · · · · · · · · · · · · · · | Concluded |
| (| Case number | | | City | State ZIP Code | |
| 177.000 | and the second section of the section of | , to the operation the report | | | | and the graph of the consequence of the state of the stat |
| , | Case title | | | - | | Pending |
| • | | | | Court Name | | On appeal |
| - | | | • | Number Street | | Concluded |
| | Case number | | | | | |
| | | | | City | State ZIP Code | |
| Chec M | in 1 year before you filed for k all that apply and fill in the delo. Go to line 11. | etails below. | any of your property re | | • | ed, seized, or levied? |
| Chec M | k all that apply and fill in the de | etails below. | | epossessed, foreclo | osed, garnished, attach | |
| Chec M | k all that apply and fill in the delor. Go to line 11. | etails below. | any of your property re Describe the property | epossessed, foreclo | • | |
| Chec M | k all that apply and fill in the de io. Go to line 11. es. Fill in the information belov | etails below. | | epossessed, foreclo | osed, garnished, attach | ed, seized, or levied? Value of the property |
| Chec N | k all that apply and fill in the delor. Go to line 11. | etails below. | | epossessed, foreclo | osed, garnished, attach | |
| Chec M | k all that apply and fill in the de io. Go to line 11. es. Fill in the information belov | etails below. | | epossessed, foreclo | osed, garnished, attach | |
| Chec M | k all that apply and fill in the delo. Go to line 11. es. Fill in the information below Creditor's Name | etails below. | Describe the property | epossessed, foreclo | osed, garnished, attach | |
| Chec M | k all that apply and fill in the delo. Go to line 11. es. Fill in the information below | etails below. | Explain what happene Property was re | epossessed, foreclo | osed, garnished, attach | |
| Chec M | k all that apply and fill in the delor. io. Go to line 11. es. Fill in the information below Creditor's Name Number Street | etails below. | Explain what happene Property was re Property was ga | epossessed, foreclo epossessed. epossessed. ereclosed. earnished. | Date | |
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| ithin 90 days before you filed for bankr | | | |
|--|---|---|------------|
| | uptey, did any creditor, including a bank or fi | nancial institution, set off any amounts from | vour |
| counts or refuse to make a payment be | ecause you owed a debt? | | |
| No | · | | |
| Yes. Fill in the details. | | | |
| 165. I III III the details. | to not be a see the transport of the profit of the Children of the control of the Children of | t. Aufskladersk fram Angelijke Brazelsk (1970) ombre allegtesk ditte so. | ang ataung |
| | Describe the action the creditor took | Date action Amount | |
| · | 하게 되었다고 하게 되었다. 하게 되는 것 같아 그 사람이 되었다. 그 사람이 되었다. | was taken | |
| Creditor's Name | | | |
| | | s | |
| Number Street | | | |
| | | | |
| | | | |
| | | | |
| City State ZIP Code | Last 4 digits of account number: XXXX | | |
| | | | |
| thin 1 year before you filed for bankru | ptcy, was any of your property in the possess | sion of an assignee for the benefit of | |
| editors, a court-appointed receiver, a c | | | |
| No | | | |
| Yes | | | |
| Yes | | | |
| | | | |
| 5: List Certain Gifts and Contrib | outions | | |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave Value the gifts | |
| Gifts with a total value of more than \$600 | Describe the gifts | Dates you gave Value the gifts | |
| Gifts with a total value of more than \$600 | Describe the gifts | Dates you gave Value the gifts | |
| Gifts with a total value of more than \$600 | Describe the gifts | Dates you gave the gifts \$ | |
| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave Value the gifts | |
| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts \$\$ | |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | Describe the gifts | Dates you gave the gifts S\$ | |
| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts S | |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | Describe the gifts | Dates you gave the gifts \$\$ | |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | Describe the gifts | Dates you gave the gifts \$\$ | |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code | Describe the gifts | Dates you gave the gifts S\$ | |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street | Describe the gifts | Dates you gave the gifts S \$ | |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you | | the gifts | |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 | Describe the gifts Describe the gifts | the gifts \$\$\$ Dates you gave Value | |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you | | the gifts | |
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| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZiP Code Person's relationship to you Gifts with a total value of more than \$600 per person | | the gifts \$\$\$ Dates you gave Value | |
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| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZiP Code Person's relationship to you Gifts with a total value of more than \$600 per person | | the gifts \$\$\$ Dates you gave Value | |
| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZiP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | the gifts \$\$\$ Dates you gave Value | |

| r 1 | Lenora | Hartsfield Case numbe | _{r (if known)} 21-52551-sms | |
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| | First Name Middle Name Last N | eme | | |
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| Vith | in 2 years before you filed for bankrup | tcy, did you give any gifts or contributions with a t | otal value of more than \$60 | 00 to any charity? |
| <u> </u> | • | | | |
| | No Yes. Fill in the details for each gift or contr | ibution | | |
| ₩, | res. I'm in the details for each girt of conti | appellors. | inger til er om en skriver er skeret i der ette kolle. | an distribution I distribution of |
| 2 | Gifts or contributions to charities | Describe what you contributed | Date you | Value |
| | that total more than \$600 | 이상 왕으는 내가 있다면 있다면 그 보안하는 것. | contributed | |
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| | U-4 Cardala i accas | | | |
| t 6 | List Certain Losses | | | |
| | Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss include the amount that insurance has paid. List pending claims on line 33 of Schedule A/B: Property. | Date of your loss nsurance | Value of property lost |
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| | The same page and provide the providence and the same and the same and the same | Congress No. Section of the Congress of the Co | - Nagari - Lagari Salam - Lagari Sal | and an interpretation of a specific property of the contract of |
| ŧ 7 | List Certain Payments or Trans | sfers | | |
| Vit | hin 1 year before you filed for bankrupt | cy, did you or anyone else acting on your behalf p | av or transfer any property | to anvone |
| ou | consulted about seeking bankruptcy | r preparing a bankruptcy petition? | | |
| ncl | ude any attorneys, bankruptcy petition pre | parers, or credit counseling agencies for services req | uired in your bankruptcy. | |
| 7 | No | | | • |
| | Yes. Fill in the details. | | | |
| | | Description and value of any property transferred | Date payment or | Amount of payme |
| | | 그 경영한 경기 보기 하는 것은 경영한 기계를 다 하는 것입니다. 그렇게 많은 이 경영에 되었다면 하는 것이 있는 것은 것이 하는 것이었다. | transfer was made | |
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| | Description and value of any property tra | ansferred | Date payment or transfer was made | Amount of payment |
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| City State ZIP Code lithin 2 years before you filed for bankrup ansferred in the ordinary course of your | business or financial affairs? | | | |
| /Ithin 2 years before you filed for bankrup | business or financial affairs? nade as security (such as the granting of ve already listed on this statement. Description and value of property | a security interest or m | ortgage on your pro | perty). |
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| ave you stored property in a s Ž | torage unit or place of | other than your nome | within 1 year before | you filed for bankruptc | yγ |
| Yes. Fill in the details. | | | | | |
| | Who el | se has or had access to it | t? Descri | be the contents | Do you sti |
| | | | | | have it? |
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| t 9: Identify Property | You Hold or Contr | oi for Someone Els | • | | |
| | 4 0 1 | .1 | | | * |
| Do you hold or control any pro | operty that someone | else owns? Include an | y property you borre | owed from, are storing | for, |
| or hold in trust for someone. | | | | | |
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| VA | you notified any governmental unit o | of any release of hazardous materi | al? |
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| | Lenora | Hartsfield Case number | (if known) 21-52551-sms |
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| | Business Name | | EIN: |
| | Number Street | Name of accountant or bookkeeper | Dates business existed |
| | | - | From To |
| | City State ZIP Code | | |
| | | aptcy, did you give a financial statement to anyone a | bout your business? Include all financial |
| | Itutions, creditors, or other parties. | | |
| 1 | Yes. Fill in the details below. | A 382 ON AS DESCRIPTION OF THE SECOND OF THE | |
| | | Date issued | |
| | Name | MM / DD / YYYY | |
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| 12 | 2: Sign Below | | |
| ha ans | ave read the answers on this <i>Stateme</i> swers are true and correct. I understa | ent of Financial Affairs and any attachments, and I de and that making a false statement, concealing proper an result in fines up to \$250,000, or imprisonment for | ty, or obtaining money or property by fraud |
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| Did | ave read the answers on this Statemers were are true and correct. I understate connection with a bankruptcy case of U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 1 Date 18103/7070/11 Tyou attach additional pages to Your No Yes | Signature of Debtor 2 Date Statement of Financial Affairs for Individuals Filing to the image of the policy of the property of the pro | ty, or obtaining money or property by fraud up to 20 years, or both. |

Case 21-52551-sms Doc 17 Filed 05/03/21 Entered 05/04/21 11:34:36 Desc Main Document Page 13 of 50

| Fill in this in | formation to ider | ntify your case and this fil | ing: | | |
|---------------------|-------------------------------------|-------------------------------|------------|------------|--|
| Debtor 1 | Lenorah | | Hartsfield | Hartsfield | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States I | Bankruptcy Court for 21-52551-sm | the: Northern District of Geo | orgia | | |
| Oase Humber | | | | | |

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

art 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

| No. Go to Part 2. Yes. Where is the property? | | And the second second second second second | and the second of the second o | |
|--|--|---|--|--|
| 1.1. | What is the property? Check all that apply. Single-family home Duplex or multi-unit building | Do not deduct secured cla the amount of any secure Creditors Who Have Clair | d claims on Schedule D: | |
| Street address, if available, or other description | Condominium or cooperativeManufactured or mobile home | Current value of the entire property? | Current value of th portion you own? | |
| | — 🔲 Land | \$ | \$ | |
| | ☐ Investment property ☐ Timeshare | Describe the nature of | of your ownership | |
| City State ZIP C | de Other | interest (such as fee the entireties, or a lif | | |
| | Who has an interest in the property? Check one. | | | |
| | Debtor 1 only | | | |
| County | Debtor 2 only | Check if this is community property (see instructions) | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | | | |
| | Other Information you wish to add about this it property identification number: | tem, such as local | | |
| you own or have more than one, list here: | | The first of the second second second | 7 8 8 5 6 5 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| you own or have more than one, list here: | What is the property? Check all that apply. | Do not deduct secured cla | | |
| | ☐ Single-family home | the amount of any secure Creditors Who Have Clair | d claims on Schedule D: ns Secured by Property. | |
| · | | the amount of any secure Creditors Who Have Clair | d claims on Schedule D: ms Secured by Property. | |
| 2 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | the amount of any secure Creditors Who Have Clair | d claims on Schedule D: ms Secured by Property. | |
| 2 | ☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land | the amount of any secure Creditors Who Have Clair Current value of the | d claims on Schedule D: ms Secured by Property. Current value of the | |
| 2 | □ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property | the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ | d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$ | |
| .2. Street address, if available, or other description | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare | the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Describe the nature of the entire of the entire property? | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$ of your ownership simple, tenancy by | |
| Street address, if available, or other description | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other | the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ | d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$ | |
| .2. Street address, if available, or other description | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ | d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$ | |
| City State ZIP Co | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one. | the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ | d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$ of your ownership simple, tenancy by e estate), if known. | |

Official Form 106A/B

| 1.3. | First Name Middle | Name Last Name | | | | | |
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| | Street address, if available | or other description | What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building | the amo | leduct secured cla unt of any secured s Who Have Clain | d claims on Sc | hedule D: |
| _ | orreet address, ii avallable | e, or other description | Condominium or cooperative Manufactured or mobile home Land | | t value of the property? | Current va portion you | |
| <u>c</u> | City | State ZIP Code | Investment property Timeshare Other | interes | be the nature o t (such as fee s ireties, or a life | simple, tena | incy by |
| | | | Who has an interest in the property? Check one. | | | | |
| - | County | | Debtor 1 only | | | | |
| | | | Debtor 2 only Debtor 1 and Debtor 2 only | ☐ Che | eck if this is co | mmunity pr | opertv |
| | | | ☐ At least one of the debtors and another | | e instructions) | ,, | |
| | | | Other information you wish to add about this ite property identification number: | | | | |
| Add the | e dollar value of the r | portion you own for a | II of your entries from Part 1, including any entrie | s for pag | es [| | |
| | | | here | | | \$ | |
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| rt 2: | Describe Your \ | /ehicles | | | | | |
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| own th | nat someone else drive | es. If you lease a vehicl | st in any vehicles, whether they are registered or le, also report it on Schedule G: Executory Contracts | not? Inclu and Unex | ide any vehicles pired Leases. | 5 | |
| u own th | nat someone else drive | es. If you lease a vehicl | e, also report it on Schedule G: Executory Contracts | not? Inclu and Unex | ide any vehicles pired Leases. | 5 | |
| Cars, v No Yes | nat someone else drive | es. If you lease a vehicl | e, also report it on Schedule G: Executory Contracts | and Unex | pired Leases. | alms or exemp | |
| Cars, v No Yes 3.1. | nat someone else drive vans, trucks, tractors, | es. If you lease a vehicl | e, also report it on Schedule G: Executory Contracts s, motorcycles Who has an interest in the property? Check one. Debtor 1 only | Do not control the amo | pired Leases. deduct secured cla unt of any secures s Who Have Clain | alms or exemp d claims on <i>Sc</i> ns Secured by | chedule l Propert |
| Cars, v Cars, v No Yes 3.1. | nat someone else drive vans, trucks, tractors, s Make: | es. If you lease a vehicles , sport utility vehicles | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not cothe amo | pired Leases. ieduct secured cle unt of any secure s Who Have Clain | alms or exemp d claims on Sc ms Secured by | hedule I Propert |
| Cars, v No Yes 3.1. | nat someone else drive vans, trucks, tractors, s Make: Model: | es. If you lease a vehicles , sport utility vehicles BMW 428i | e, also report it on Schedule G: Executory Contracts s, motorcycles Who has an interest in the property? Check one. Debtor 1 only | Do not on the amo Creditor | pired Leases. deduct secured cla unt of any secures s Who Have Clain | alms or exemp d claims on Sc ms Secured by | hedule I Property |
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| 3.3. | First Name Middle Name | Last Name | nown) 21-52551-sms | MMCC Statement of the statement of a development |
|---|--|---|--|--|
| 3.3. | | and the College Communication of the American College | The state of the s | A STATE OF THE PARTY OF THE PAR |
| 3.3. | | Who has an interest in the property? Check one. | | |
| | Make: | _ | Do not deduct secured cla the amount of any secure | |
| | Model: | Debtor 1 only Debtor 2 only | Creditors Who Have Clair | ns Secured by Property. |
| | Year: | Debtor 2 only Debtor 1 and Debtor 2 only | Current value of the | |
| | Approximate mileage: | At least one of the debtors and another | entire property? | portion you own? |
| | Other information: | At least one of the debte/s and another | | |
| | | ☐ Check if this is community property (see instructions) | \$ | \$ |
| 3.4. | Make: | Who has an interest in the property? Check one. | Do not deduct secured cla | ims or exemptions. Put |
| | Model: | Debtor 1 only | the amount of any secure Creditors Who Have Clair | |
| | | Debtor 2 only | | e Sala Madilal de como el la Carrade d |
| | Year: | Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Approximate mileage: | At least one of the debtors and another | entire property: | portion you own |
| | Other information: | Charle if this is somewhite weaponty (see | \$ | \$ |
| | | ☐ Check if this is community property (see instructions) | · | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | | | |
| | | | | |
| | ples: Boats, trailers, motors, personal | and other recreational vehicles, other vehicles, and access watercraft, fishing vessels, snowmobiles, motorcycle accesso | | |
| <i>Exam</i> µ ☑ No ☑ Ye | ples: Boats, trailers, motors, personal | | ories Do not deduct secured cla | |
| <i>Exam</i> µ ☑ No ☑ Ye 4.1. | oles: Boats, trailers, motors, personal obs | watercraft, fishing vessels, snowmobiles, motorcycle accesso | ories | d claims on <i>Schedule D</i> . |
| Examı ☑ No ☐ Ye 4.1. | ples: Boats, trailers, motors, personal obs | watercraft, fishing vessels, snowmobiles, motorcycle accesso Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | ories Do not deduct secured cla | d claims on <i>Schedule D:</i> |
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| Examı ☑ No ☐ Ye 4.1. | ples: Boats, trailers, motors, personal obs | watercraft, fishing vessels, snowmobiles, motorcycle accesso Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured cla the amount of any secure Creditors Who Have Clair | d claims on Schedule D. ns Secured by Property. |
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| Examp ☑ No ☐ Ye | oles: Boats, trailers, motors, personal obs Make: Model: Year: | watercraft, fishing vessels, snowmobiles, motorcycle accessor. Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduct secured class the amount of any secure Creditors Who Have Class Current value of the entire property? | d claims on Schedule Dans Secured by Property. Current value of the portion you own? |
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page 3

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| Fill in this in | formation to ide | ntify your case: | | |
|---------------------|---------------------|-------------------------------------|-----------|---|
| Debtor 1 | Lenora | Н | artsfield | |
| | First Name | Middle Name | Last Name | · |
| Debtor 2 | | | | |
| (Spouse, If filing) | First Name | Middle Name | Last Name | |
| United States (| Bankruptcy Court fo | or the:Northern District of Georgia | 1 | X |
| Case number | 21-52551-sn | ns | | |
| (If known) | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: **Identify the Property You Claim as Exempt** 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ☐ You are claiming federal exemptions, 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Brief 11 U.S.C. paragraph 522 (b) **□** \$ 50.00 description: (3)☐ 100% of fair market value, up to Line from any applicable statutory limit Schedule A/B: Brief **□** \$ description: ☐ 100% of fair market value, up to Line from any applicable statutory limit Schedule A/B: Brief **□**\$ description: ☐ 100% of fair market value, up to Line from any applicable statutory limit Schedule A/B: 3. Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) **☑** No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? Yes

Debtor 1

Lenora Hartsfield
First Name Middle Name Last Name

Case number (If known) 21-52551-sms

| Part 2: | Additiona |
|---------|-----------|

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|---|--------------------------------------|--|------------------------------------|
| | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: | \$ | - \$ | |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | □ \$ □ 100% of fair market value, up to | |
| Line from Schedule A/B: | | any applicable statutory limit | |
| Brief description: | \$ | | |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | Q \$ | |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | \$ | |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
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| Line from Schedule A/B: | .,,, | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | · | |
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| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
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| Brief description: | \$ | | |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | \$ | |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |

| Fill in this in | formation to ide | entify your case: | | | I | | |
|---------------------------------|----------------------|--------------------------------|------------|-------|------------------|------|------------------|
| Debtor 1 | Lenora First Name | Middle Name | Hartsfield | | | | |
| Debtor 2 (Spouse, If filing) | | Middle Name | Last Name | | | | |
| | | or the: Northern District of (| Georgia | | | | |
| Case number (If known) | 21-52551-sn | ns | | | | | ck if this is ar |
| - | | | | | _ | ame | ended filing |
| Official | Form 106 | <u>D</u> | | | | | |
| Sched | ule D: C | reditors Wh | o Have C | laims | Secured by Prope | erty | 12/15 |

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

| 1. | Do any creditors have claims secured by your property? |
|----|---|
| | No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. |
| | ☐ Yes Fill in all of the information below |

| for each claim. If more than one creditor h | nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. nabetical order according to the creditor's name. | Do no | nn A unt of claim it deduct the of collateral. | Valu | mn B ie of collateral supports this n | Column C Unsecured portion If any |
|--|--|----------|---|------|--|-----------------------------------|
| Capitol One Bank USA | Describe the property that secures the claim: | \$ | 25,000.00 | \$ | 20,000.00 | 0.0 |
| Creditor's Name PO Box 30281 Number Street | Acura TL | | | | | |
| Salt Lake City UT 84130 City State ZIP Code Who owes the debt? Check one. | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured) | | | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt | car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | _ | | | | |
| Date debt was incurred | Last 4 digits of account number | | 30,000.00 | | 20,000.00 | 0.0 |
| ESL FCU Creditor's Name 100 Kings Highway Number Street | Describe the property that secures the claim: 2015 BMW | \$] | 30,000.00 | \$ | 20,000.00 | <u>; 0.c</u> |
| Rochester NY City State ZIP Code | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | <u>.</u> | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | | |
| ✓ Debtor 1 only ✓ Debtor 2 only ✓ Debtor 1 and Debtor 2 only ✓ At least one of the debtors and another ✓ Check if this claim relates to a community debt | An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | _ | | | | |
| | | | | | | |

| Debtor 1 Lenora First Name Middle Na | Hartsfield Last Name | Case num | ber (<i>if known</i>) 21-5255 | 1-sms | |
|--|--|--|---|---|--|
| Additional Page Part 1: After listing any entried by 2.4, and so forth. | s on this page, number them beginning | ng with 2.3, followed | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Golumn C Unsecured portion If any |
| | Describe the property that s | secures the claim: | \$ | \$: | ß |
| Creditor's Name | | | | | |
| Number Street | | | | | |
| City State | As of the date you file, the of Contingent ZIP Code Unliquidated Disputed | claim is: Check all that apply. | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that | apply. | | | |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and Check if this claim relates to community debt | Other (including a right to o | lien, mechanic's lien) uit | | | |
| Date debt was incurred | Last 4 digits of account nur | mber | | | |
| Creditor's Name | Describe the property that | secures the claim: | \$ | | . |
| | | | | | |
| Number Street | As of the date you file, the | Name to Charle all that and | | | |
| | Contingent | зант із: Спеск ан шасарріу. | | | |
| | Unliquidated | | | | |
| • | ZIP Code Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that | | | | |
| ☐ Debtor 1 only ☐ Debtor 2 only | An agreement you made (s car loan) | such as mortgage or secured | • | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax l | lien, mechanic's lien) | | | |
| At least one of the debtors and a | — vaag,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| Check if this claim relates to community debt | a Other (including a right to o | ffset) | | | |
| Date debt was incurred | Last 4 digits of account nur | mber | | | |
| Creditor's Name | Describe the property that s | secures the claim: | \$ | \$ | . |
| Number Street | | | | | |
| City State | As of the date you file, the of Contingent ZIP Code Unliquidated Disputed | claim is: Check all that apply. | | | |
| Who owes the debt? Check one. | Nature of Ilen. Check all that | apply. | | | |
| Debtor 1 only | An agreement you made (s | | | | |
| Debtor 2 only | car loan) | llan machaniain lian) | | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and a | Statutory lien (such as tax in a stat in the stat in t | | | | |
| ☐ Check if this claim relates to | Other (including a right to o | | | | |
| community debt Date debt was incurred | Last 4 digits of account nur | mber | | | |
| and the second of the second o | our entries in Column A on this page. | . The second section is a second second second second section in the second second second second second second | \$ | | |
| If this is the last page of Write that number here: | your form, add the dollar value totals | from all pages. | \$ | | |

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| Fill in this in | nformation to ide | entify your case: | | |
|---------------------|---------------------|--------------------------------|------------|----|
| Debtor 1 | Lenora | | Hartsfuiek | kd |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States | Bankruptcy Court fo | or the: Northern District of G | ieorgia | |
| Case number | 21-52551-sr | ns | | |
| (if known) | | | ··· | |

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

| Part 1: List All of Your PRIORITY Unsecure | ed Claims | |
|--|---|--|
| each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the | reditor has more than one priority unsecured claim, list the a claim has both priority and nonpriority amounts, list the claims in alphabetical order according to the creditor's new Part 1, If more than one creditor holds a particular claim. | at claim here and show both priority and ame. If you have more than two priority |
| Internal Revenue Service Priority Creditor's Name Stop 6535 (SB CIS) | 0.4.100.100.00 | \$ 2,000.00 \$ 2,000.00 \$ 0.00 |
| Stop 6525 (SP CIS) Number Street | When was the debt incurred? 01/20/2000 As of the date you file, the claim is: Check all that apply | |
| Kansas City MO 64999 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes | Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify | |
| Priority Creditor's Name | Last 4 digits of account number | \$\$\$ |
| City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No | As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify | |

Case 21-52551-sms Doc 17 Filed 05/03/21 Entered 05/04/21 11:34:36 Desc Main Page 21 of 50 Document Case number (if known) 21-52551-sms Hartsfuiekd Lenora Debtor 1 Your PRIORITY Unsecured Claims - Continuation Page Part 1: Priority Nonpriority After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Total claim amount amount Last 4 digits of account number _ Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent State ■ Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other, Specify Is the claim subject to offset? ☐ No ☐ Yes Last 4 digits of account number ___ __ __ Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent ■ Unliquidated City ZIP Code State □ Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other, Specify Is the claim subject to offset? ☐ No Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent

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Debtor 1

Lenora

Middle Name

Last Name

Hartsfuiekd

Case number (# known) 21-52551-sms

| Pa | rt 2: List All of Your NONPRIORITY U | nsecured Claims | | | | | |
|------|---|-------------------------|--|-------------------------|--------------------|------------|---------------------------------------|
| 3. | Do any creditors have nonpriority unsecured No. You have nothing to report in this part. S Yes | | | | | | |
| 4. | List all of your nonpriority unsecured claims nonpriority unsecured claim, list the creditor sepincluded in Part 1. If more than one creditor hold claims fill out the Continuation Page of Part 2. | arately for each claim. | For each claim listed, identify wh | at type of cla | im it is. Do not | list clair | ns already |
| ein: | | | 성도 전환한 경기 (고인원 등록) (고급성 경기 (고급 | , som til sklikt | | Total | clalm |
| 1.1 | Monroe County Sheriff Civil Bureau Nonpriority Creditor's Name | | Last 4 digits of account number | | | \$ | 5,000.00 |
| | 130 South Pymouth Avenue 5th Floo | <u>r</u> | When was the debt incurred? | 01/20/200 | <u> </u> | | |
| | Rochester NY | 14614 ZIP Code | As of the date you file, the claim | is: Check all | that apply. | | |
| | Who incurred the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only | | Contingent Unliquidated Disputed | | | | |
| | ☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another | | Type of NONPRIORITY unsecu | ired claim: | | | |
| | Check if this claim is for a community deb | t | Obligations arising out of a sepa that you did not report as priority | claims | | | |
| | Is the claim subject to offset? ☐ No ☐ Yes | | Debts to pension or profit-sharin Other. Specify unsecured of | g plans, and ot debt | ther similar debts | | |
| 4.2 | Fairways Townhomes LLC Nonpriority Creditor's Name c/o Andrew D. Dick, Esq. 301 Exchal | nge Boulevard | Last 4 digits of account number When was the debt incurred? | 0 0 0 01/20/200 | <u>0</u> 08 | \$ | 3,000.00 |
| | Number Street Rochester NY | | As of the date you file, the claim | is: Check all | that apply. | | |
| | City State Who incurred the debt? Check one. Debtor 1 only | ZIP Code | Contingent Unliquidated Disputed | | | | |
| | ☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only | | Type of NONPRIORITY unsect | ured claim: | | | |
| | ☐ At least one of the debtors and another☐ Check if this claim is for a community deb | t | Student loans Obligations arising out of a sepa that you did not report as priority | | ent or divorce | | |
| | is the claim subject to offset? ☑ No ☑ Yes | | Debts to pension or profit-sharin Other. Specify unsecured | g plans, and of | ther similar debts | | |
| 4.3 | Continental Financial Company | | Last 4 digits of account number | · <u>0 0 </u> | 0 0 | ¢ | 3,000.00 |
| | Nonpriority Creditor's Name 4550 New Linden Hill Road | | When was the debt incurred? | | _ | Ψ | · · · · · · · · · · · · · · · · · · · |
| | Number Street Wilmington DE City State | 19808 ZIP Code | As of the date you file, the claim | ı is: Check all | that apply. | | |
| | Who incurred the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only | | Contingent Unliquidated Disputed | | | | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | | Type of NONPRIORITY unsect | ured claim: | | | |
| | Check if this claim is for a community deb | t | Obligations arising out of a sepa that you did not report as priority | | ent or divorce | | |
| | Is the claim subject to offset? ☐ No ☐ Yes | | Debts to pension or profit-sharin Other. Specify <u>unsecured</u> | g plans, and o | ther similar debts | | |

Case 21-52551-sms Doc 17 Filed 05/03/21 Entered 05/04/21 11:34:36 Desc Main Page 23 of 50 Document Case number (if known) 21-52551-sms Hartsfuiekd Lenora Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total claim** 4.4 Last 4 digits of account number 0 0 0 0 4,000.00 Capital One/Neman Marcus Nonpriority Creditor's Name 01/20/2008 When was the debt incurred? PO Box 30253 N. Louise Avenue Number Street As of the date you file, the claim is: Check all that apply. Sioux Falls 57107 State ZIP Code ☑ Contingent ☐ Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts ☑ Other Specify unsecured debt Is the claim subject to offset? ☑ No. ☐ Yes 4.5 Last 4 digits of account number 0 0 0 0 \$ 2,500.00 First Premier Bank Nonpriority Creditor's Name When was the debt incurred? 3820 N Louise Avenue Number Street As of the date you file, the claim is: Check all that apply. SD 57107 Sioux Falls State ZIP Code ☑ Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ■ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt $\hfill \Box$ Debts to pension or profit-sharing plans, and other similar debts Other. Specify unsecured debt Is the claim subject to offset? M No

| 6 | | | | |
|---|---|-------|----------|--|
| | Capital One/Lord and Taylor Nonpriority Creditor's Name | | | |
| | PO Box 30253 | | | |
| | Number Street | | | |
| | Salt Lake City | UT | 84130 | |
| | City | State | ZIP Code | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | | | |
| | Debtor 2 only | | | |

When was the debt incurred? As of the date you file, the claim is: Check all that apply.

Last 4 digits of account number 0 0 0 0

Contingent Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other, Specify unsecured debt

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and another

☐ Check if this claim is for a community debt

Yes

1,500.00

Debtor 1 Lenora Hartafield

Last Name

Middle Name

First Name

Case number (if known) 21-52551-sms

| Pa | rt 2: List All of Your NONPRIOR | RITY Uns | ecured Claims | | | | |
|------|--|-----------------------------|---|---|--------------------------------|---------------|------------|
| 3. | Do any creditors have nonpriority un | secured c | laims against you | ? | | | |
| | No. You have nothing to report in thi Yes | is part, Sul | omit this form to the | court with your other schedules. | | | |
| Z.V. | List all of your nonpriority unsecured nonpriority unsecured claim, list the credincluded in Part 1. If more than one credicalms fill out the Continuation Page of F | litor separa litor holds | ately for each claim | For each claim listed, identify wha | it type of claim it is. Do not | list clair | ms already |
| | kan kan da kan kan kan kan kan kan kan kan kan ka | | [[전: 12] 교육([조리 전함]] - | 는 전환 전체에 고통하면서는 건강화를 하다고 - | 1일은 마음화 중화 164는 1500명 - | Total | člalm |
| 1.1 | Comenity Bank New York Com | npany | | Last 4 digits of account number | · | \$ | 2,000.00 |
| | PO Box 182789 | | | When was the debt incurred? | 01/20/2009 | | |
| | Columbus | ОН | 43218 | | in Ohaal all that are h | | |
| | City | State | ZIP Code | As of the date you file, the claim Contingent | is; Check all that apply. | | |
| | Who incurred the debt? Check one. | | | Unliquidated | | | |
| | Debtor 1 only Debtor 2 only | | | ☐ Disputed | | | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecu | red claim: | | |
| | At least one of the debtors and another | | | Student loans | | | |
| | Check if this claim is for a commun | nity debt | | Obligations arising out of a separ that you did not report as priority | claims | | |
| | is the claim subject to offset? No | | | Debts to pension or profit-sharing Other. Specify unsecured d | plans, and other similar debts | | |
| | Yes | | | W Other. Specify arrocourse a | | | |
| 1.2 | Comenity Capital Bank Fore | | | Last 4 digits of account number | 0 0 0 0 | \$ | 1,000.00 |
| | Nonpriority Creditor's Name | | | When was the debt incurred? | 01/20/2008 | | |
| | PO Box 182120 Number Street | | | | | | |
| | Columbus | ОН | 43218 | As of the date you file, the claim | is: Check all that apply. | | |
| | City | State | ZIP Code | Contingent | | | |
| | Who incurred the debt? Check one. | | | UnliquidatedDisputed | | | |
| | Debtor 1 only Debtor 2 only | | | _ 2.064.02 | | | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecu | red claim: | | |
| | At least one of the debtors and another | | | Student loans | | | |
| | ☐ Check if this claim is for a commu | nity debt | | Obligations arising out of a separ that you did not report as priority | claims | | |
| | is the claim subject to offset? | | | Debts to pension or profit-sharing Other. Specify Unsecured D | | | |
| | ☑ No □ Yes | | | da Other. Specify unsecured L | Jebit | | |
| 1.3 | Credit One Bank | | it van vinner (van vider all ill komet vinner (kilovid teknet teknet vider) | Last 4 digits of account number | 0 0 0 0 | ф | 1,000.00 |
| | Nonpriority Creditor's Name | | | When was the debt incurred? | ····· | \$ | 1,000100 |
| | PO Box 98872 Number Street | | | | | | |
| | Las Vegas | NV | 89193 | As of the date you file, the claim | is: Check all that apply. | | |
| | City | State | ZIP Code | ☑ Contingent | | | |
| | Who incurred the debt? Check one. | | | Unliquidated | | | |
| | ☑ Debtor 1 only☑ Debtor 2 only | | | ☐ Disputed | | | |
| | Debtor 1 and Debtor 2 only | | | Type of NONDBIODITY uposeu | rad alaims | | |
| | ☐ At least one of the debtors and another | | | Type of NONPRIORITY unsecu Student loans | red Olanni | | |
| | ☐ Check if this claim is for a commun | nity debt | | Obligations arising out of a separ | | | |
| | is the claim subject to offset? | | | that you did not report as priority Debts to pension or profit-sharing | | | |
| | ☑ No ☐ Yes | | | Other, Specify unsecured | | | |
| | 168 | | | | | | |

| Del | btor | ٠1 |
|-----|------|----|

Lenora First Name

Middle Name

Hartafield

Case number (if known) 21-52551-sms

| Part | 2: Your NONPRIORITY Unsec | cured Cla | aims — Conti | nuation Page | |
|-------|--|--|-------------------|---|-------------------------|
| After | listing any entries on this page, nu | mber ther | n beginning w | ith 4.4, followed by 4.5, and so forth. | Total claim |
| | Mission Lane Tab Bank | | - AF | Last 4 digits of account number 0 0 0 0 | \$_1,000.00 |
| | Nonpriority Creditor's Name PO Box 105286 SW #1340 | | | When was the debt incurred? 01/20/2008 | * : |
| • | Number Street | | | As of the date you file, the claim is: Check all that apply. | |
| | Atlanta | GA | 30304 ZIP Code | Contingent | |
| | Oity | Olalo | 2,1 0000 | Unliquidated | |
| | Who incurred the debt? Check one. | | | ☐ Disputed | |
| | Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | | Student loans | |
| | ☐ At least one of the debtors and another | | | Obligations arising out of a separation agreement or divorce that | , |
| | ☐ Check if this claim is for a commu | nity debt | | you did not report as priority claims | |
| | Is the claim subject to offset? | | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify_UNSecured debt | |
| | ☑ No □ Yes | | | | |
| | The Bank of Missouri /MI | · · · · · · · · · · · · · · · · · · · | | Last 4 digits of account number 0 0 0 0 | \$ 1,500.00 |
| | Nonpriority Creditor's Name | | | When was the debt incurred? 01/20/2009 | |
| | PO Box 4499 | | | when was the debt incurred? | |
| | Number Street Beaverton | OR | 97076 | As of the date you file, the claim is: Check all that apply. | |
| | City | State | ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | | | Unliquidated | |
| | Debtor 1 only | | | ☐ Disputed | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| | At least one of the debtors and another | | | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a commu | nity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | | | Other Specify unsecured debt | |
| | ☑ No ☐ Yes | | | | 4 |
| | | and the second s | | | _{\$} _1,000.00 |
| | Comenity Capital Bank / MYP | | | Last 4 digits of account number 0 0 0 0 | Φ |
| | Nonpriority Creditor's Name | | | When was the debt incurred? 01/20/2009 | |
| | PO Box 182120 Number Street | | | | |
| | Columbus | ОН | 43218 | As of the date you file, the claim is: Check all that apply. | |
| | City | State | ZIP Code | ✓ Contingent☐ Unliquidated | |
| | Who incurred the debt? Check one. | | | Disputed | |
| | ☑ Debtor 1 only | | | · | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | □ Debtor 1 and Debtor 2 only□ At least one of the debtors and another | | | Student loans | |
| | _ | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim is for a commu | nity debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | | | ☑ Other Specify unsecured debt | |
| | ☑ No □ Yes | | | | ndoren |

| | | | | Document | Page 26 of 50 | | |
|-------|---------|--|-----------------------|----------------------|--|------------------------|---|
| Debto | r 1 | Lenora First Name Middle Name | Hart Last Name | sfield | Case number (if known) 21-52551-sms | | |
| Part | - 2. | First Name Middle Name List All of Your NONPRIO | | acurad Claime | | | |
| | | · · | | | 2 | | |
| | _ | | | | court with your other schedules. | | |
| 4. Li | ist all | of your nonpriority unsecured | l claims in | the alphabetical c | order of the creditor who holds each claim. If a creditor has | more t | han one |
| n | onorio | rity unsecured claim. list the cre- | ditor separa | itely for each claim | . For each claim listed, identify what type of claim it is. Do not ist the other creditors in Part 3.If you have more than three nor | list clair | ms already |
| | | fill out the Continuation Page of I | | | | teri Lari | l claim |
| | | ndigo | | | Last 4 digits of account number 0 0 0 | A | 1,500.00 |
| | • | ority Creditor's Name | | | When was the debt incurred? 01/20/2009 | Φ | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | Number | r Street | OR | 97076 | | | |
| | City | verton | State | ZIP Code | As of the date you file, the claim is: Check all that apply. | | |
| | Mha i | incurred the debt? Check one. | | | ☑ Contingent☑ Unliquidated | | |
| | | ebtor 1 only | | | ☐ Disputed | | |
| | _ | ebtor 2 only ebtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | _ | least one of the debtors and another | | | ☐ Student loans | | |
| | ☐ Cf | neck if this claim is for a commu | nity debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | | claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts | | |
| | ☑ No | | | | Other. Specify unsecured debt | | |
| 4.2 | | O navida najvida ka ka karran jema meterokrat napat japang pintan kanna kaka mendenan menana. | | | Last 4 digits of account number 0 0 0 0 | \$ | 1,100.00 |
| | | enity Bank/Express orlty Creditor's Name | | | When was the debt incurred? 01/20/2009 | Ψ | |
| | | Box 18279 | | | | | |
| | Colu | r Street mbus | ОН | 43218 | As of the date you file, the claim is: Check all that apply. | | |
| | City | | State | ZIP Code | ₩ Contingent | | |
| ļ | | incurred the debt? Check one. ebtor 1 only | | | ☐ Unliquidated ☐ Disputed | | |
| | | ebtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | _ | ebtor 1 and Debtor 2 only least one of the debtors and another | | | Student loans | | |
| • | _ | heck if this claim is for a commu | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | | claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts | i | |
| | ☑ No | ט | | | ☑ Other. Specify unsecured Debt | | |
| 4.3 | Q Ye | | and the second second | | | Parallel Procession of | |
| | | nenity Bank/VCTRSSEC ority Creditor's Name | | | Last 4 digits of account number 0 0 0 0 0 When was the debt incurred? 01/20/2009 | \$ | 1,200.00 |
| | PO E | Box 182789 | | | When was the dept incurred | | |
| | | imbus | OH State | 43218 | As of the date you file, the claim is: Check all that apply. | | |
| ļ | • | incurred the debt? Check one. | State | ZIF COUR | ☑ Contingent | | |
| | | ebtor 1 only | | | ☐ Unliquidated☐ Disputed | | |
| | | ebtor 2 only ebtor 1 and Debtor 2 only | | | · | | |
| | | eptor 1 and Debtor 2 only least one of the debtors and another | r | | Type of NONPRIORITY unsecured claim: | | |
| | □ ci | heck if this claim is for a commu | ınity debt | | Student loans Obligations arising out of a separation agreement or divorce | | |
| | | claim subject to offset? | | | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | . | |
| | ₩ No | and the second s | | | Other. Specify Unsecured Debt | | |

☑ No ☐ Yes

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Debtor 1

Lenora

Marine Me

Hartsfield

Case number (if known) 21-52551-sms

Your NONPRIORITY Unsecured Claims — Continuation Page Part 2: Total claim After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Last 4 digits of account number 0 0 0 0 1,300.00 Macy's Department Store Nonpriority Creditor's Name 01/20/2009 When was the debt incurred? PO Box 8218 Number As of the date you file, the claim is: Check all that apply. MAson OH 45040 State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts ☑ Other Specify unsecured Debt Is the claim subject to offset? **☑** No Yes \$ 2,000.00 Last 4 digits of account number 0 0 0 Comenity Bank/Ashstwrt Nonpriority Creditor's Name 01/20/2008 When was the debt incurred? PO Box 182789 Number Street As of the date you file, the claim is: Check all that apply. OH 43218 Columbus 7IP Code State ☑ Contingent ☐ Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ■ Debtor 1 and Debtor 2 only ■ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt $f \square$ Debts to pension or profit-sharing plans, and other similar debts Other. Specify unsecured bank Is the claim subject to offset? M No ☐ Yes 1,000.00 Last 4 digits of account number 0 0 0 SYNCB/ JC Penny Nonpriority Creditor's Name When was the debt incurred? PO Box 965007 Number As of the date you file, the claim is: Check all that apply. FL 32896 Orlando State ZIP Code ☑ Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ☐ Debtor 1 and Debtor 2 only Student loans ☐ At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other. Specify unsecured debt Is the claim subject to offset? **1** No Yes

Debtor 1

Lenora First Name

Middle Name

Hartsfield

Case number (if known) 21-52551-sms

| Par | t 2: Your NONPRIORITY Unsecured Claims — Cont | inuation Page | |
|------|--|--|-------------|
| Afte | r listing any entries on this page, number them beginning v | vith 4.4, followed by 4.5, and so forth. | Total claim |
| | Jefferson Capital System | Last 4 digits of account number 0 0 0 0 | \$500.00 |
| | Nonpriority Creditor's Name 16 McLeland Road | When was the debt incurred? | |
| | Number Street Saint Cloud MN 56303 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZiP Code Who incurred the debt? Check one. | Contingent Unliquidated Disputed | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No ☐ Yes | Debts to pension or profit-sharing plans, and other similar debts Other. Specify unsecured creditor | |
| | ударды баруы кайтыштары жайы байыр аруулуу саштай актыр да үчүн көн өнөө көн көн көн көн көн байыр аруулуу жайын актыр көн | Last 4 digits of account number | \$ |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent Unliquidated | |
| | Who incurred the debt? Check one. | ☐ Disputed | |
| | Debtor 1 only Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | Student loansObligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | ls the claim subject to offset? ☐ No ☐ Yes | Other. Specify | |
| | | Last 4 digits of account number | \$ |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent Unliquidated | |
| | Who incurred the debt? Check one. | ☐ Disputed | |
| | Debtor 1 only Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | ☐ Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ☐ Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? ☐ No ☐ Yes | Other. Specify | |

| De | btor | 1 |
|----|------|---|

Lenora First Name

Middle Name

Hartsfield

Last Name

Case number (if known) 21-52551-sms

| Pai | tt 2: List All of Your NONPRIORITY Unsecure | ed Claims | | | |
|-----|--|---|---|-----------------------|------------|
| 3. | Do any creditors have nonpriority unsecured claims | against you? | | | |
| | No. You have nothing to report in this part. Submit th✓ Yes | | ourt with your other schedules. | | |
| | nonpriority unsecured claim. list the creditor separately for | or each claim. I | ler of the creditor who holds each claim. If a creditor has or each claim listed, identify what type of claim it is. Do not the other creditors in Part 3.If you have more than three nor | list clain | ns already |
| | | | 를 당시하면 한 경험 및 기업을 위한 사용 전환 기업을 다시하면 한 것으로 - | Total | claim |
| .1 | Masseys Nonpriority Creditor's Name | | Last 4 digits of account number 0 0 0 0 | \$ | 2,500.00 |
| | PO Box 2822 | | When was the debt incurred? | - | |
| | Number Street | | | | |
| | Monroe WI 53. | 3566 Code | As of the date you file, the claim is: Check all that apply. | | |
| | | | ☑ Contingent | | |
| | Who incurred the debt? Check one. | | Unliquidated | | į |
| | Debtor 1 only Debtor 2 only | | ☐ Disputed | | |
| | Debtor 1 and Debtor 2 only | | Type of NONPRIORITY unsecured claim: | | |
| | At least one of the debtors and another | | Student loans | | |
| | ☐ Check If this claim is for a community debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | Is the claim subject to offset? | | Debts to pension or profit-sharing plans, and other similar debts | | |
| | ☑ No ☑ Yes | | other specify unsecured debt | | |
| | | AND THE SECTION STREET, | | | 1,500.00 |
| .2 | Rochester Regional Health | | Last 4 digits of account frumber | \$ | 1,500.00 |
| | Nonpriority Creditor's Name 100 Kings Highway South | | When was the debt incurred? 01/20/2009 | | |
| | Number Street | | As of the date you file, the claim is: Check all that apply. | | |
| | 1 (00) (00) | 1617 Code | Name . | | |
| | | | Contingent Unliquidated | | |
| | Who incurred the debt? Check one. | | Disputed | | |
| | Debtor 1 only Debtor 2 only | | ' | | |
| | Debtor 1 and Debtor 2 only | | Type of NONPRIORITY unsecured claim: | | |
| | ☐ At least one of the debtors and another | | Student loans | | |
| | ☐ Check if this claim is for a community debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | Is the claim subject to offset? | | Debts to pension or profit-sharing plans, and other similar debts | | |
| | □ No | | Other. Specify unsecured debt | | |
| | Yes | | | Newson was being able | |
| 1.3 | Rochester Gas and Electric Corporation | | Last 4 digits of account number 0 0 0 | ¢ | 850.00 |
| | Nonpriority Creditor's Name | | When was the debt incurred? | Ψ | |
| | 755 Brooks Avenue | | | | |
| | | 4619 | As of the date you file, the claim is: Check all that apply. | | |
| | City State ZIP C | Code | | | |
| | Who incurred the debt? Check one. | | Contingent Unliquidated | | |
| | ☑ Debtor 1 only | | Disputed | | |
| | Debtor 2 only | | · | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | | Type of NONPRIORITY unsecured claim: | | |
| | | | Student loans | | |
| | ☐ Check if this claim is for a community debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | is the claim subject to offset? | | Debts to pension or profit-sharing plans, and other similar debts | | |
| | ☑ No ☑ Yes | | ☑ Other. Specify <u>unsecured debt</u> | | |
| | — 160 | | | | |

Debtor 1

Lenora

Middle Name

Hartsfield

Case number (if known) 21-52551-sms

| National Ambulance & Oxyg | en SE | | Last 4 digits of account number 0 0 0 0 | \$_2,500.00 |
|---|---|----------------|--|-------------|
| Nonpriority Creditor's Name PO Box 100296 | | | When was the debt incurred? | |
| Number Street Atlanta | GA | 30384 | As of the date you file, the claim is: Check all that apply. | |
| Who incurred the debt? Check one. | State | ZIP Code | Contingent Unliquidated Disputed | |
| Debtor 1 only | | | Type of NONPRIORITY unsecured claim: | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and anot | | | Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ☐ Check if this claim is for a coming the claim subject to offset? ☑ No | nunity debt | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify <u>unsecured debt</u> | |
| □ Yes | es minempo e con um eximpo colonya dilark | | | |
| Regency Park Apartments o | /o Ram P | artners, LLC | Last 4 digits of account number 0 0 0 0 | \$_5,000.00 |
| 3116 Desert Drive | | | When was the debt incurred? $\frac{01/20/2000}{}$ | |
| Number Street East Point | GA | 30344 | As of the date you file, the claim is: Check all that apply. | |
| Sity | State | ZIP Code | Contingent | |
| Who incurred the debt? Check one. | | | ☐ Unliquidated☐ Disputed | |
| Debtor 1 only | | | · | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 onlyAt least one of the debtors and anot | her | | Student loansObligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a com | munity deht | | you did not report as priority claims | |
| s the claim subject to offset? | manney debt | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other, Specify UNSECUTED debt | |
| Z No ☑ Yes | | | Cities. Specify artisosuriou assis | |
| Regency Park Apartments o | Jo PAM D | Partners LI C | Last 4 digits of account number 0 0 0 0 | \$_5,000.00 |
| Nonpriority Creditor's Name | | 1.10.000 | When was the debt incurred? 01/20/2000 | |
| c/o RAM Partners LLCircle | 75 Parkwa | y NW Suite1200 | | |
| Atlanta | GA | 30339 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZiP Code | Contingent | |
| Who incurred the debt? Check one. | | | ☐ Unliquidated☐ Disputed | |
| Debtor 1 only | | | · | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 onlyAt least one of the debtors and anot | her | | Student loans | |
| Check if this claim is for a com | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | mannty debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| s the claim subject to offset? ☑ No ☑ Yes | | | ✓ Other. Specify unsecured debt | |

Official Form 106E/F

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Debtor 1 Lenora Hartsfield Case number (if known) 21-52551-sms

| Pa | t 2: List All of Your NONPRIORITY Unse | cured Claims | | | |
|-----|---|----------------------|--|------------|--|
| 3. | Do any creditors have nonpriority unsecured cla | aims against you? | } | | |
| | No. You have nothing to report in this part. Sub Yes | | | | |
| | congriculty unsecured claim, list the creditor separat | tely for each claim. | rder of the creditor who holds each claim. If a creditor has For each claim listed, identify what type of claim it is. Do not st the other creditors in Part 3.If you have more than three nor | list clair | ns already |
| | | | a Chairtean Amhailte an an air agus an An Anna an Thairteann an Ann an Ann an An Ann an Ann an Ann an Ann an A An Ann an An | Total | claim |
| 4.1 | City of East Point | | Last 4 digits of account number 0 0 0 | e | 1,000.00 |
| | Nonpriority Creditor's Name 2791 E Point Street | | When was the debt incurred? 01/20/2000 | Ψ | |
| | Number Street | 20244 | | | |
| | East Point GA City State | 30344 ZIP Code | As of the date you file, the claim is: Check all that apply. | | |
| | Who incurred the debt? Check one. ☑ Debtor 1 only | | ☑ Contingent☑ Unliquidated☑ Disputed | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | Type of NONPRIORITY unsecured claim: | | |
| | At least one of the debtors and another | | ☐ Student loans | | |
| | ☐ Check if this claim is for a community debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | Is the claim subject to offset? ☑ No | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify unsecured debt | | |
| | Yes | | Ollier. Specify arrest a destrict | | |
| 4.2 | | | Last 4 digits of account number | \$ | |
| | Nonpriority Creditor's Name | | When was the debt incurred? | | [|
| | Number Street | | As of the date you file, the claim is: Check all that apply. | | |
| | City State | ZIP Code | Contingent | | 5 |
| | Who incurred the debt? Check one. | | ☐ Unliquidated☐ Disputed☐ | | |
| | Debtor 1 only Debtor 2 only | | _ Disputed | | |
| | Debtor 1 and Debtor 2 only | | Type of NONPRIORITY unsecured claim: | | |
| | ☐ At least one of the debtors and another | | Student loans | | |
| | ☐ Check if this claim is for a community debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | Is the claim subject to offset? | | Debts to pension or profit-sharing plans, and other similar debts | | |
| | □ No □ Yes | | Other. Specify | | |
| 4.3 | TOO | | Last 4 digits of account number | | arion automobile de la light de la contraction d |
| | Nonpriority Creditor's Name | | When was the debt incurred? | \$ | |
| | Number Street | | | | |
| | | | As of the date you file, the claim is: Check all that apply. | | |
| | City State | ZIP Code | Contingent | | |
| | Who incurred the debt? Check one. | | ☐ Unliquidated | | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | | ☐ Disputed | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | Type of NONDRIGRITY unsequend claims | | ļ |
| | At least one of the debtors and another | | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community debt | | ☑ Student loans ☑ Obligations arising out of a separation agreement or divorce | | |
| | Is the claim subject to offset? | | that you did not report as priority claims | | |
| | ☐ No | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify | | |
| | Yes | | | | |

Debtor 1

Lenora
First Name Middle Name Last Name

Hartsfuiekd

Case number (if known) 21-52551-sms

| Part 3: List Others to Be Notified About a Debt That You Already Lis | Part 3: | List Others to Be Notified About a Debt That You Already Listed |
|--|---------|---|
|--|---------|---|

| | ir you do not have additional pera | ons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. |
|--|--|--|
| Name | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| waine | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | Part 2: Creditors with Nonpriority Unsecured Clair |
| | | |
| | | Last 4 digits of account number |
| City | State ZIP Code | |
| | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | . 🗖 |
| | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | Ciamis |
| City | State ZIP Code | Last 4 digits of account number |
| City | CIGIG ZIF COUG | |
| Manage | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | Line of (Check one): 🚨 Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | Part 2: Creditors with Nonpriority Unsecured |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Claims |
| | | |
| City | State ZIP Code | Last 4 digits of account number |
| and the second s | and a control of a 20 th of Commission of property of the property of the control | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | |
| | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | Part 2: Creditors with Nonpriority Unsecured |
| | | Claims |
| | 710.0.1 | Last 4 digits of account number |
| City schoolsessenerstessessessenen oppsamme om montenammelister | State ZIP Code | |
| | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | Part 2: Creditors with Nonpriority Unsecured |
| Maniper Sueer | | Claims |
| | | |
| City | State ZIP Code | Last 4 digits of account number |
| | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | · · · · · · · · · · · · · · · · · · · |
| | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | Part 2: Creditors with Nonpriority Unsecured |
| | | Claims |
| | | Last 4 digits of account number |
| City | State ZIP Code | |
| Nama | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | A COLUMN TO THE STATE OF THE ST |
| Number Street | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| | | ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| | | |
| City | State ZIP Code | Last 4 digits of account number |
| ~··, | | |

Debtor 1

Lenora First Name

Middle Name

Hartsfield

Case number (if known) 21-52551-sms

| Part | А |
|------|---|
| | |

Add the Amounts for Each Type of Unsecured Claim

Last Name

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | Total claim |
|---------------------------------------|---|-----|---------------------------|
| Total claims | 6a. Domestic support obligations | 6a. | \$0.00 |
| from Part 1 | 6b. Taxes and certain other debts you owe the government | 6b. | \$2,000.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | + \$ 0.00 |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$2,000.00 |
| | | | Total claim |
| Total claims | 6f. Student loans | 6f. | \$0.00 |
| from Part 2 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ |
| | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | + _{\$} 53,400.00 |
| [45] S. M. A. A. A. M. S. M. P. M. P. | | | |

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| Fill in this in | formation to identif | y your case: | | |
|--------------------|--------------------------|--------------------------|-----------|----|
| Debtor | Lenora | | Hartsfie | ld |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse If filing) | First Name | Middle Name | Last Name | |
| United States 1 | Bankruptcy Court for the | : Northern District of G | eorgia | |
| Case number | 21-52551-sms | | | |
| (If known) | | | | _ |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person o | r company wi | th whom you | have the contr | act or lease State what the contract or lease is for |
|-------------|----------|--|-------------|-------------------------------|--|
| 2.1 | | | 항 문제 중심하다 | tilita (Peristra ell'Arista). | 마일 등 한 15년 |
| 1 | Name | | | | |
| | Number | Street | | | |
| es extens | City | | State | ZIP Code | |
| 2.2 | Name | | | | |
| | Number | Street | | | |
| Ameann) | City | ALIENT KENDANIN SAMBAT STETLERIN | State | ZIP Code | |
| 2.3 | Name | | *** | | |
| | Number | Street | | | |
| 200324-0707 | City | | State | ZIP Code | |
| 2.4 | Nama | | | | |
| | Name | | | | |
| | Number | Street | | | |
| 2.5 | City | e leet, mee statel leet constant vin vin sies in d | State | ZIP Code | |
| | Name | | | | |
| | Number | Street | | | |
| | City | 90 - Parasagan et eus ut | State | ZIP Code | |

| Debto | r 1 | Lenora First Name | Middle Name | Last Name | lartsfield | Case number (# known) 21-52551-sms |
|-------------|-----------------------------------|---|---|--|--|------------------------------------|
| | | | | | _ | |
| *** | | | | ive More Contract | | |
| | Person | or company | with whom you | have the contract or | lease | What the contract or lease is for |
| 2 <u>.2</u> | Name | | | | | |
| | Number | Street | | | | |
| | | Sileet | | | | |
| | City | erkeren versig splager for him self-splayers in Poster Self-selfen. | State | ZIP Code | | |
| 2 | Na | | | | | |
| | Name | | | | | |
| | Number | Street | | | | |
| | City | | State | ZIP Code | | |
| 2 | | | ermenen eigen men der eine Styffen Styffen en dyffen Styffen Steffen Steffen Steffen. | The section of the se | The state of the s | |
| | Name | *** | | | | |
| | Number | Street | | <u> </u> | | |
| | City | | State | ZIP Code | | |
| 2 | and have been propertied | are und tradest leads residency province, co.g., piece, | | e gart egy-add a transcarair à produceurs a cressibilité dans suit était aib et de l'était de la communité de La communité de la communité d | rvstalintiskatimismikiskannin il homorisi dakta | |
| | Name | | <u></u> - | | - | |
| | Number | Street | | | | |
| | | | Ctata | ZID Codo | | |
| | City | garan kalaban kebuatan p | State | ZIP Code | i karantajarnik kurindo principali si na principali ya manara izane ku izan esan. | |
| 2 | N | | | | | |
| | Name | | | | | |
| | Number | r Street | | | | |
| | City | | State | ZIP Code | | |
| 2 | u, per a reconstruit per de la co | and graften recurring strains framework shall | | | (1988) Take - Mil Levalde Sune vadi i dub Krillie sete hava dalar behila (1995) | |
| | Name | <u></u> | | | | |
| | Numbe | r Street | | | | |
| | City | | State | ZIP Code | | |
| 2 | region de la contraction. | erryanismista komunentski site ori | | autus argeninas rassaunas artus estik kasar ar di elektrikis itä kiik kasar ar | en e | |
| | Name | | · | · · · · · · · · · · · · · · · · · · · | | |
| | Numbe | r Street | | | | |
| | City | | State | ZIP Code | | |
| 1" | Oily SERVICES | ga jaan sootoo assamoodelkko | | ZIP CODE | | |
| 2 | Name | | | | | |
| | | | | | | |
| | Numbe | r Street | | | | |
| İ | City | | State | ZIP Code | | |

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| Debtor 1 | Lenora | ··· | Hart | sfield |
|--------------------|------------------------|-----------------------------------|-----------|------------------------------|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | N Flankland | saldala Nama | Last Name | |
| (Spouse, if filing | • | Middle Name | Last Name | |
| United States | Bankruptcy Court for t | the: Northern District of Georgia | | $oldsymbol{oldsymbol{	iny}}$ |
| Case number | 21-52551-sms | <u> </u> | | |
| (If known) | <u> </u> | | | |
| | | | | |

Official Form 106H

Schedule H: Your Codebtors

Fill in this information to identify your case:

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| | 0 | If you are filing a joint case, do not li | | |
|--|-------------------------------|--|---------------------|---|
| ☐ Ye | es | | | |
| | | ou lived in a community property siana, Nevada, New Mexico, Puerto | _ | (Community property states and territories include ngton, and Wisconsin.) |
| ✓ N | o. Go to line 3. | | | |
| ☐ Ye | es. Did your spouse, forme | er spouse, or legal equivalent live wi | th you at the time? | |
| |] No | | | |
| | Yes. In which communit | y state or territory did you live? | F | Fill in the name and current address of that person. |
| | Name of your spouse, former s | spouse, or legal equivalent | | |
| | Number Street | | | |
| | | | | |
| | City | State | ZIP Code | |
| 5-, 4-5 | umn 1: Your codebtor | to fill out Column 2. | | Column 2: The creditor to whom you owe the del |
| Colu | Na minima wa massa na ma | | | Column 2: The creditor to whom you owe the det Check all schedules that apply: |
| Colu | imn 1: Your codebtor | | | 그렇지만 경험하는 사람들에 있다고 들은 학생들이 살아가고 있다. |
| Colu | imn 1: Your codebtor | | | Check all schedules that apply: |
| Colu | umn 1: Your codebtor | | | Check all schedules that apply: — Great Schedule D, line |
| Colu | nn 1: Your codebtor | State | ZIP Code | Check all schedules that apply: Schedule D, line Schedule E/F, line |
| Colu Nam | nn 1: Your codebtor | | ZIP Code | Check all schedules that apply: Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line |
| Colu Nam Num | nne Street | | ZIP Code | Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line |
| Nam Num City Nam | ne Street | | ZIP Code | Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line |
| Colu Nam Num City | ne Street | | ZIP Code | Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line |
| Colu Nam Num City Nam Num City City City | nne Street | | ZIP Code | Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line |
| Colu Nam Num City Nam Num | nne Street | State | | Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule D, line Schedule D, line Schedule E/F, line Schedule G, line |
| Colu Nam Num City Nam Num City City City | ne Street | State | | Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line Schedule E/F, line Schedule G, line |
| Colu Nam Num City Part Num City Nam Num Num | ne Street | State | | Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule E/F, line Schedule G, line |

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Case number (If known) 21-52551-sms Hartsfield Lenora Debtor 1 **Additional Page to List More Codebtors** Column 2: The creditor to whom you owe the debt Column 1: Your codebtor Check all schedules that apply: ☐ Schedule D, line _ Name ☐ Schedule E/F, line ____ ☐ Schedule G, line ____ Number Street ZIP Code City State ☐ Schedule D, line ___ Name ☐ Schedule E/F, line ___ ☐ Schedule G, line ___ Street Number ZIP Code City State □ Schedule D, line ____ Name ■ Schedule E/F, line ____ ☐ Schedule G, line _____ Number Street ZIP Code City ☐ Schedule D, line ____ Name ☐ Schedule E/F, line ____ ☐ Schedule G, line _____ Number Street City State ZIP Code ☐ Schedule D, line ____ Name Schedule E/F, line ____ ☐ Schedule G, line _____ Number Street ZIP Code City ☐ Schedule D, line _____ Name ☐ Schedule E/F, line ____ ☐ Schedule G, line _____ Number ZIP Code City State ☐ Schedule D, line ___ Name ☐ Schedule E/F, line ____ ☐ Schedule G, line _____ Number Street State ZIP Code City ☐ Schedule D, line ___ Name ☐ Schedule E/F, line ___ ☐ Schedule G, line _____ Number Street ZIP Code State City

page ___ of ___

| ill in this information to iden | itify your case: | | | |
|---|--|---|--------------------------|--|
| ebtor 1 Lenora | | Hartsfield | | |
| First Name | Middle Name | Last Name | | |
| Spouse, if filing) First Name | Middle Name | Last Name | | |
| | the: Northern District of Georgia | | | |
| ase number 21-52551-sm | <u>S</u> | | Check if th | |
| | | | | ended filing lement showing postpetition chapter |
| | | | | e as of the following date: |
| fficial Form 106I | | | MM / DI | D/ YYYY |
| chedule I: Y | our Income | | | 12/15 |
| Part 1: Describe Empl | | ges, write your maine and | case number (ii ki | nown). Answer every question. |
| Fill in your employment information. | | Debtor 1 | | Debtor 2 or non-filing spouse |
| mi o manom | | | | |
| If you have more than one jo attach a separate page with information about additional employers. | b, Employment status | ☐ Employed☐ Not employed | | Employed Not employed |
| If you have more than one jo attach a separate page with information about additional | Employment status | | | ' ' |
| If you have more than one jo attach a separate page with information about additional employers. Include part-time, seasonal, | Employment status or Occupation | ☐ Not employed | | ' ' |
| If you have more than one jo attach a separate page with information about additional employers. Include part-time, seasonal, self-employed work. Occupation may include study | Employment status or Occupation | ☐ Not employed | ster | ' ' |
| If you have more than one jo attach a separate page with information about additional employers. Include part-time, seasonal, self-employed work. Occupation may include study | or dent Cocupation Employer's name | CNA Med Temps Roches | | ' ' |
| If you have more than one jo attach a separate page with information about additional employers. Include part-time, seasonal, self-employed work. Occupation may include study | employment status or Occupation | □ Not employed CNA | | ' ' |
| If you have more than one jo attach a separate page with information about additional employers. Include part-time, seasonal, self-employed work. Occupation may include study | or dent Cocupation Employer's name | Not employed CNA Med Temps Roches 800 Oak Ridge Turn Number Street Ste A900 | npike N 37830 | Number Street |
| If you have more than one jo attach a separate page with information about additional employers. Include part-time, seasonal, self-employed work. Occupation may include study | or dent Cocupation Employer's name | Not employed CNA Med Temps Roches 800 Oak Ridge Turn Number Street Ste A900 | npike | Not employed |
| If you have more than one jo attach a separate page with information about additional employers. Include part-time, seasonal, self-employed work. Occupation may include study | or dent Cocupation Employer's name | Not employed CNA Med Temps Roches 800 Oak Ridge Turn Number Street Ste A900 Oak Ridge T | npike N 37830 | Number Street |
| If you have more than one jo attach a separate page with information about additional employers. Include part-time, seasonal, self-employed work. Occupation may include study or homemaker, if it applies. Part 2: Give Details A Estimate monthly income spouse unless you are sepa | Employment status or dent Occupation Employer's name Employer's address How long employed the bout Monthly Income as of the date you file this for | Not employed CNA Med Temps Roches 800 Oak Ridge Turn Number Street Ste A900 Oak Ridge T City State ere? 1 yr | npike N 37830 ZIP Code | Number Street City State ZIP Code 1 yr rite \$0 in the space. Include your non-filing |

0.00

668.75

Schedule I: Your Income

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

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Case number (if known) 21-52551-sms Hartsfield Lenora Debtor 1 First Name Middle Name Last Name For Debtor 1 For Debtor 2 or non-filing spouse 668.75 Copy line 4 here..... 5. List all payroll deductions: 61.47 5a. Tax. Medicare, and Social Security deductions 5a. 0.00 5b. Mandatory contributions for retirement plans 5b. 0.00 5c. Voluntary contributions for retirement plans 5c. 0.00 5d. 5d. Required repayments of retirement fund loans 0.00 5e. 5e. Insurance 0.00 5f. Domestic support obligations 5f. 0.00 5g. Union dues 5g. 0.00 5h. 5h. Other deductions. Specify: 61.47 6. 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 607.28 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 8a. monthly net income. 0.00 8b. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent Include alimony, spousal support, child support, maintenance, divorce 0.00 settlement, and property settlement. 8c. 0.00 8d. 8d. Unemployment compensation 0.00 8e. Social Security 8e. 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 0.00 8f. Specify: 0.00 8g. Pension or retirement income 8g. 0.008h. 8h. Other monthly income. Specify: 0.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. Calculate monthly income. Add line 7 + line 9. 607.28 607.28 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 11. + 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 607.28 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No. ☐ Yes. Explain:

| Fill in this information to identify your case: | | | |
|--|---------------------------------|----------------------------------|---------------------|
| Debtor 1 Lenora H | lartsfield Objects if their | · | |
| First Name Middle Name Last Name Debtor 2 | Check if this | | |
| (Spouse, if filling) First Name Middle Name Last Name | An amend | ded filing nent showing postp | petition chanter 13 |
| United States Bankruptcy Court for the: Middle District of Georgia | | as of the following | |
| Case number 21-52551-sms | MM / DD / | YYYY | |
| Official Form 106J | | | |
| Schedule J: Your Expenses | | | 12/15 |
| Be as complete and accurate as possible. If two married people are fill information. If more space is needed, attach another sheet to this form (if known). Answer every question. | | | |
| Part 1: Describe Your Household | | | <u></u> |
| 1. Is this a joint case? | | | |
| ✓ No. Go to line 2.✓ Yes. Does Debtor 2 live in a separate household? | | | |
| □ No□ Yes. Debtor 2 must file Official Form 106J-2, Expenses for S | Separate Household of Debtor 2. | | |
| 2. Do you have dependents? | Dependent's relationship to | Dependent's | Does dependent live |
| Do not list Debtor 1 and Debtor 2. See ach dependent | Debtor 1 or Debtor 2 | age | with you? |
| Do not state the dependents' | | | ☐ No ☐ Yes |
| names. | | | □ No |
| | | | ☐ Yes |
| | | | □ No |
| | | | ☐ Yes |
| | | | No □ Yes |
| | | | □ No |
| | | | ☐ Yes |
| 3. Do your expenses include expenses of people other than yourself and your dependents? ✓ No ☐ Yes | | | |
| Part 2: Estimate Your Ongoing Monthly Expenses | | | |
| Estimate your expenses as of your bankruptcy filing date unless you a expenses as of a date after the bankruptcy is filed. If this is a supplem applicable date. | | | |
| Include expenses paid for with non-cash government assistance if you such assistance and have included it on Schedule I: Your Income (Off | | Your expe | nses |
| The rental or home ownership expenses for your residence. Include any rent for the ground or lot. | • | 4. \$ | 1,200.00 |
| If not included in line 4: | | | |
| 4a. Real estate taxes | | 4a. \$ | 0.00 |
| 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | 0.00 |
| 4c. Home maintenance, repair, and upkeep expenses | | 4c. \$ | 0.00 |
| 4d. Homeowner's association or condominium dues | | 4d. \$ | 0.00 |

Debtor 1 Lenora Hartsfield Case number (if known) 21-52551-sms

| | | Your exp | oenses |
|---|------|----------|--------|
| 5. Additional mortgage payments for your residence, such as home equity loans | 5. | \$ | 0.00 |
| 6. Utilities: | | | |
| 6a. Electricity, heat, natural gas | 6a. | \$ | 0.00 |
| 6b. Water, sewer, garbage collection | 6b. | \$ | 0.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 0.00 |
| 6d. Other. Specify: phone | 6d. | \$ | 100.00 |
| 7. Food and housekeeping supplies | 7. | \$ | 200.00 |
| 8. Childcare and children's education costs | 8. | \$ | 0.00 |
| 9. Clothing, laundry, and dry cleaning | 9. | \$ | 50.00 |
| 10. Personal care products and services | 10. | \$ | 50.00 |
| 11. Medical and dental expenses | 11. | \$ | 0.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. | | \$ | 200.00 |
| Do not include car payments. | 12. | Ψ | |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 50.00 |
| 14. Charitable contributions and religious donations | 14. | \$ | 100.00 |
| Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. Life insurance | 15a. | \$ | 0.00 |
| 15b. Health insurance | 15b. | \$ | 0.00 |
| 15c. Vehicle insurance | 15c. | \$ | 0.00 |
| 15d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ | 0.00 |
| 17. Installment or lease payments: | | | |
| 17a. Car payments for Vehicle 1 | 17a. | \$ | 400.00 |
| 17b. Car payments for Vehicle 2 | 17b. | \$ | 350.00 |
| 17c. Other. Specify: | 17c. | \$ | 0.00 |
| 17d. Other. Specify: | 17d. | \$ | 0.00 |
| Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| 19. Other payments you make to support others who do not live with you. | | | |
| Specify: | 19. | \$ | 0.00 |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Inco | me. | | |
| 20a. Mortgages on other property | 20a. | \$ | 0.00 |
| 20b. Real estate taxes | 20b. | \$ | 0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 |

| Debtor 1 | Lenora First Name Middle Name Last Name | Hartsfield | Case number (if known) 21- | -52551-sr | ns |
|----------------------|--|--|----------------------------|-----------|-----------|
| 21. Other . S | pecify: | | 21. | +\$ | 0.00 |
| 2. Calculat | e your monthly expenses. | | | | |
| 22a, Add | l lines 4 through 21. | | 22a. | \$ | 2,700.00 |
| 22b. Cop | by line 22 (monthly expenses for Debtor 2), if any, f | rom Official Form 106J-2 | 22b. | \$ | 0.00 |
| 22c. Add | line 22a and 22b. The result is your monthly expe | nses. | 22c. | \$ | 2,700.00 |
| 23. Calculate | your monthly net income. | | | | 607.29 |
| 23a. Cop | py line 12 (your combined monthly income) from So | chedule I. | 23a. | \$ | 607.28 |
| 23b. Cop | py your monthly expenses from line 22c above. | | 23b. | -\$ | 2,700.00 |
| | otract your monthly expenses from your monthly income. | come. | 23c. | \$ | -2,092.72 |
| For exam | xpect an increase or decrease in your expense: ple, do you expect to finish paying for your car loar payment to increase or decrease because of a mo | within the year or do you | expect your | | |
| ☑ No. | | | | | |
| ☐ Yes. | Explain here: | and the particular section color and controlled according to the Color of the Color | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Official Form 106J Schedule J: Your Expenses page 3

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| Debtor 1 | Lenora | | Hartsfiel | d |
|--------------------|----------------------|-----------------------------|-----------|------------|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States I | Bankruptcy Court for | the: Northern District of G | eorgia | Y . |
| Case number | 21-52551-sm | _ | | |

☐ Check if this is an amended filing

12/15

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

art 1: List Your Creditors Who Have Secured Claims

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C |
|--|---|--|
| Creditor's name Capital One Bank | ☐ Surrender the property. | ☑ No |
| Anticon to the professional and the second of the profession and the second decision of the second profession and the second | Retain the property and redeem it. | ☐ Yes |
| Description of Acura TL property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | |
| | Retain the property and [explain]: | |
| Creditor's name ESL FCU | ☐ Surrender the property. | ☑ No |
| mannon Til der gjanner som en tyrke starrer i kalentreten som kritisk fra er etter starrer i elektrisk et kalentrete Til der kritisk starrer som en tyrke starrer en starrer en starrer en starrer en starrer en kritisk starrer e | Retain the property and redeem it. | Yes |
| Description of BMW property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | |
| oodaniig doot. | Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | ^¹ □ No |
| name; Transference de la companya de la comp | Retain the property and redeem it. | Yes |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | |
| | Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | □ No |
| name; The search of the control of the search of the sea | Retain the property and redeem it. | Yes |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | |
| | Retain the property and [explain]: | |

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Hartsfield Case number (If known) 21-52551-sms Lenora Debtor 1 Last Name **List Your Unexpired Personal Property Leases** Part 2: For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Will the lease be assumed? Describe your unexpired personal property leases ☐ No Lessor's name: ☐ Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: ☐ No Lessor's name: ☐ Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: Lessor's name: □ No ☐ Yes Description of leased property: Lessor's name: □ No ☐ Yes Description of leased property: ☐ No Lessor's name: Yes Description of leased property: Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. Signature of Debtor 2 MM / DD / YYYY

| Fill in this in | formation to ide | entify your case: | | |
|---------------------------------|------------------|-----------------------------------|-----------|----------|
| Debtor 1 | Lenora | | Haı | rtsfield |
| DODIOI 1 | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| | | r the: Northern District of Georg | ia | × |
| Case number | 21-52551-sn | ns | _ | |
| | (If known) | | | |

☐ Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | Your assets Value of what you own |
|--|------------------------------------|
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$0.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$50.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$50.00 |
| rt 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$55,000.00 |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$2,000.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$53,400.00 |
| Your total liabilities | \$ 110,400.00 |
| rt 3: Summarize Your Income and Expenses | <u> </u> |
| | e 607.28 |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | Ψ |

| Deb | tor 1 | Lenora Hartsfield Cas | e number (<i>if known</i>) 21-52551-Sr | ns |
|--------------|---------------|--|---|---|
| | | First Name Middle Name Last Name | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | | | | • |
| Pa | rt 4: | Answer These Questions for Administrative and Statistical Records | | |
| | Are vo | ou filing for bankruptcy under Chapters 7, 11, or 13? | | |
| | | | | |
| | ₩ No | . You have nothing to report on this part of the form. Check this box and submit this for | rm to the court with your other: | schedules. |
| LYSKTURYS | moreovents. | | er die ethe stil tillich teir ministriken malaiten ministrik val mei meilen die 1844 millio 1884 auch 1894 millio | r (palatitatista) eta kirikan kan kirika kirika kirika kenda kepada kirika kirika kirika kirika kirika kirika Kirika kirika kirik |
| 7. | What k | kind of debt do you have? | | • |
| | ☑ Yo | ur debts are primarily consumer debts. Consumer debts are those "incurred by an i | ndividual primarily for a person | al, |
| | | nily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpos | | |
| | | ur debts are not primarily consumer debts. You have nothing to report on this part | of the form. Check this box and | d submit |
| | this | s form to the court with your other schedules. | | |
| :V::=ರನು X | energene. | (a) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | | ingang nakalukan dikanggalanggalan kang-anggalang-alan tradikan galan ing |
| | | the <i>Statement of Your Current Monthly Income</i> : Copy your total current monthly inc 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | ome from Official | s 8,025.00 |
| | FOILI | 2224-1 Line 11, OK, Form 1226 Line 11, OK, Form 1220-1 Line 14. | | \$ |
| kenvoerum se | | | Papataglande 1525 may pangari di balah gan papatan da balah sa baran da baran da baran da baran da baran da ba | |
| | | | • | |
| | Convi | the following special categories of claims from Part 4, line 6 of Schedule E/F: | | • |
| 9. | COPY (| the following special categories of claims from rates, fine o of someone En | NAMES OF THE PROPERTY OF THE STREET | • |
| | | | Total claim | |
| | | | | |
| | Fron | n Part 4 on S <i>chedule E/F</i> , copy the following: | | |
| | \$ 4. V | 현기 전통생각으로 발생하는데 살고 있으는 보호를 보고 있다는 소리에 한 그렇게 되는데 하지만 한다. | 0.00 | |
| | 9a. Do | mestic support obligations (Copy line 6a.) | \$ | |
| | | | s 2,000.00 | |
| | 9b. Ta | xes and certain other debts you owe the government. (Copy line 6b.) | \$ | |
| | 9c. Cla | aims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$0.00 | |
| | | | | |
| | 9d. Stu | udent loans. (Copy line 6f.) | \$0.00 | |
| | | | | |
| | 9e, Ob | oligations arising out of a separation agreement or divorce that you did not report as orlty claims. (Copy line 6g.) | \$0.00 | |
| | · | | 0.00 | |
| | 9f. De | bts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ 0.00 | |
| | | | 3,000,00 | |
| | 9g. To | tal. Add lines 9a through 9f. | \$ 2,000.00 | |
| L | | | | |

| Fill in this in | formation to identif | y your case: | | |
|---------------------------------|----------------------|---------------------------|-------------|-------------------------|
| Debtor 1 | Lenora First Name | Middle Name | Harts1 | ield |
| Debtor 2 (Spouse, if filing) | | Middle Name | Last Name | |
| - | | e: Northern District of G | | $\overline{\mathbf{Y}}$ |
| Case number | 21-52551-sms | | | |
| (ir known) | | _ | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|---|--|
| Did you pay or agree to pay someone who is NOT an a | ittorney to help you fill out bankruptcy forms? |
| ☑ No | |
| Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and |
| | Signature (Official Form 119). |
| Under penalty of perjury, I declare that I have read the that they are true and correct. Signature of Debtor 1 Date DS/03/202 | summary and schedules filed with this declaration and Signature of Debtor 2 Date |

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| Fill in this i | nformation to ide | entify your case: | | |
|---------------------------------|----------------------|-----------------------------|-----------|------------|
| Debtor 1 | Lenora First Name | Middle Name | Last Name | Hartsfield |
| Debtor 2 (Spouse, If filing) | First Name | Middle Name | Last Name | · · |
| United States | Bankruptcy Court for | the: Northern District of G | Seorgia | X |
| Case number (If known) | <u>21-52551-sm</u> | ns | | |

| Check one box only as directed in this form and in Form 122A-1Supp: |
|---|
| 1. There is no presumption of abuse. 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A–2). |
| 3. The Means Test does not apply now because of qualified military service but it could apply later. |

☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

| Pā | art 1: Calculate Your Current Monthly Income | | | | | |
|----|---|--|----------------------|---|--|--|
| 1. | What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married and your spouse is filing with you. Fill out | | 1. | | | |
| | ☐ Married and your spouse is NOT filing with you. You | ou and your spouse are: | | | | |
| | Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11. | | | | | |
| | Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B). | | | | | |
| | Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filling on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. | | | | | |
| | | | Column A Debtor 1 | Column B Debtor 2 or non-filling spouse | | |
| 2. | Your gross wages, salary, tips, bonuses, overtime, ar (before all payroll deductions). | nd commissions | \$ <u>668.7</u> 5 | \$ | | |
| 3. | Alimony and maintenance payments. Do not include pa Column B is filled in. | ayments from a spouse if | \$0.00 | \$ | | |
| 4. | All amounts from any source which are regularly paid of you or your dependents, including child support. In from an unmarried partner, members of your household, and roommates. Include regular contributions from a spot filled in. Do not include payments you listed on line 3. | nclude regular contributions your dependents, parents, | \$ <u> </u> | \$ | | |
| 5. | Net income from operating a business, profession, or farm Gross receipts (before all deductions) | Debtor 1 Debtor 2 \$ | | | | |
| | Ordinary and necessary operating expenses | - \$ | | | | |
| | Net monthly income from a business, profession, or farm | \$_0.00 \$ Copy | \$ <u>0.0</u> 0 | \$ | | |
| 6. | Net income from rental and other real property Gross receipts (before all deductions) | Debtor 1 Debtor 2 \$ \$ | | | | |
| | Ordinary and necessary operating expenses | - \$ \$ | | | | |
| | Net monthly income from rental or other real property | \$_0.00 \$here | \$ <u>0,0</u> 0 | \$ | | |
| 7. | Interest, dividends, and royalties | • | \$ <u>0.0</u> 0 | \$ | | |
| | | | | | | |

| tor 1 Lenora First Name Middle Name Last Name | Case number (if known) 21-52551-sms |
|---|--|
| | Column A Column B Debtor 1 Debtor 2 or non-filing spouse |
| . Unemployment compensation | ¢ 0.00 ¢ |
| Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: | Ψ |
| For you\$ | |
| For your spouse\$ | |
| Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. | \$0.00 \$ |
| 0. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under th National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. | |
| · · · · · · · · · · · · · · · · · · · | s 0.00 s |
| | · · · · · · · · · · · · · · · · · · · |
| Total amounts from separate pages, if any. | + \$0.00 + \$ |
| Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. | \$ 668.75 + \$ = \$ 668.7 Total current monthly income |
| Part 2: Determine Whether the Means Test Applies to You | |
| 2. Calculate your current monthly income for the year. Follow these steps: | |
| 12a. Copy your total current monthly income from line 11 | |
| Multiply by 12 (the number of months in a year). | x 12 |
| 12b. The result is your annual income for this part of the form. | 12b. \$ 8,025,00 |
| The result to your armadi mounts for the part of the formit | National Action of the Control of th |
| 3. Calculate the median family income that applies to you. Follow these steps: | |
| Fill in the state in which you live. | |
| Fill in the number of people in your household. | <u>,</u> |
| Fill in the median family income for your state and size of household | 13. \$ <u>53,105.0</u> 0 |
| To find a list of applicable median income amounts, go online using the link specified instructions for this form. This list may also be available at the bankruptcy clerk's office | n the separate |
| 4. How do the lines compare? | |
| 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, 7 Go to Part 3. Do NOT fill out or file Official Form 122A-2 | here is no presumption of abuse. |
| 14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presum</i> Go to Part 3 and fill out Form 122A–2. | ption of abuse is determined by Form 122A-2. |

| Debtor 1 | Lenora First Name Middle Name Last Name | Case number (# known) 21-52551-sms |
|----------|---|------------------------------------|
| Part 3: | Sign Below | |
| | By signing here, I declare under penalty of perjury that the information on | K |
| | Signature of Debtor 1 Date MM / DD / YYYY | Signature of Debtor 2 Date |
| | If you checked line 14a, do NOT fill out or file Form 122A–2. | |
| | If you checked line 14b, fill out Form 122A-2 and file it with this form. | |